

09830690

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| CLAIMS AS FILED - PART I                                  |               |              |
|---|---------------|--------------|
| (Column 1)  | (Column 2)    | (Column 3)   |
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 33 minus 20 = | 13           |
| INDEPENDENT CLAIMS  | 8 minus 3 =   | 5            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2.

| CLAIMS AS AMENDED - PART II   |                                    |               |            |            |
|---|------------------------------------|---------------|------------|------------|
| (Column 1)  | (Column 2)                         | (Column 3)    | (Column 4) | (Column 5) |
| CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |            |
| Total   | 31                                 | Minus         | 33         | 0          |
| Independent   | 8                                  | Minus         | 8          | 0          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |            |            |

| (Column 1)  | (Column 2)                         | (Column 3)    | (Column 4) | (Column 5) |
|---|------------------------------------|---------------|------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |            |
| Total   | 31                                 | Minus         | 33         | 0          |
| Independent   | 8                                  | Minus         | 8          | 0          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |            |            |

| (Column 1)  | (Column 2)                         | (Column 3)    | (Column 4) | (Column 5) |
|---|------------------------------------|---------------|------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |            |
| Total   | 23                                 | Minus         | 33         | 0          |
| Independent   | 6                                  | Minus         | 8          | 0          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |            |            |

If the difference in column 1 is less than zero, enter "0" in column 2.  
If the Highest Number Previously Paid For in this space is less than 20, enter "20".  
If the Highest Number Previously Paid For in this space is less than 3, enter "3".  
The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

| SMALL ENTITY TYPE <input type="checkbox"/> |     | OTHER THAN SMALL ENTITY |      |
|--|-----|-------------------------|------|
| RATE                                       | FEE | RATE                    | FEE  |
| BASIC FEE                                  |     | BASIC FEE               | 860  |
| X5 9=                                      |     | X518=                   | 234  |
| X40=                                       |     | X80=                    | 400  |
| +135=                                      |     | +270=                   |      |
| TOTAL                                      |     | TOTAL                   | 1494 |

| SMALL ENTITY     |                | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|-------------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                    | ADDITIONAL FEE |
| X5 9=            |                | X518=                   | 0              |
| X40=             |                | X80=                    | 0              |
| +135=            |                | +270=                   | 0              |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE        | 0              |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X5 9=            |                | X518=            |                |
| X40=             |                | X80=             |                |
| +135=            |                | +270=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X5 9=            |                | X518=            | 0              |
| X40=             |                | X80=             | 0              |
| +135=            |                | +270=            | 0              |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE | 0              |

U.S. DEPARTMENT OF COMMERCE

